(Mr. KENNEDY) is recognized for 5 minutes.

Mr. KENNEDY of Minnesota. Madam Speaker, in a story published today, entitled ''Best Cheap Thrill: Crystal Meth,'' the Minneapolis/St. Paul City Pages sunk to a nearly incomprehensible low. In that story the newspaper, and I use that word loosely, had the amoral audacity to advocate for meth use.

Its editor, Steve Perry, then dared to try to justify such lunacy by saying the point of the item was that it is impossible to make entirely too much of the drug hype of the hour.

Drug hype of the hour? Such a statement shows a shocking ignorance of the facts and an unparalleled insensitivity to the thousands of Minnesotans of every age and walk of life who are struggling to rebuild their lives. They were shattered by this alleged, quote, best cheap thrill of the year.

Comparing the harrowing experience of meth addiction to a cheap thrill is an unconscionable act, and it is a disgusting act. The City Pages should immediately retract this filth and issue an apology to every Minnesotan who has been harmed or knows someone who has been harmed by this drug.

Better yet, Madam Speaker, maybe the editors should do as I did and visit a drug treatment facility to see just what devastating harm this can cause to people and their families. I did yesterday visit Teen Challenge and talked to 300 Minnesotans that are struggling with an addiction. These brave souls are trying to piece their lives back together, and they would have plenty to tell Mr. Perry and his associates about just how much the pursuit of, quote, cheap thrills, unquote, like meth cost them in their lives and the lives of their families and friends.

Mr. Speaker, I cannot comprehend the shameful lack of responsibility exhibited by the City Pages and hope its pleas of recklessness fall only on deaf ears.

I remind the children of Minnesota that meth is not a drug hype of the hour. It is a drug whose dangerous addictiveness knows no bounds and must at all costs be avoided.

MEDICARE PART D

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2005, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes as the designee of the majority leader.

Mr. GINGREY. Madam Speaker, thank you so much. It is great to be here again tonight talking to my colleagues as part of the Republican health care public affairs team, and I am pleased that a number of my colleagues will be joining me, hopefully, during the hour, and we will be hearing from them later.

Madam Speaker, I ask this question. If there was a way to save more than $1,000 a year on your heating bill or your food costs or car payments, you would want to know about it, right? I know that my colleagues, I think on both sides of the aisle, would definitely want to know. Well, seniors are saving an average of $1,100 a year on prescription drug costs with the Medicare Part D prescription drug program, $3,700 a year for those low-income seniors who qualify for supplemental help. For many seniors, Medicare Part D marks the first time that they have been able to afford the medications that they need to stay well. For many more, Medicare Part D means they will not have to choose between their medications and other necessities like food and housing costs.

Madam Speaker, I wanted to start out by going through a couple of these slides and pointing out some of the statistics that really just literally jump off the page at you. More than 30 million seniors now have coverage under Medicare Part D. These are our latest statistics. More than 30 million. There are about 43 million Medicare beneficiaries, mostly because of age 65, and maybe 6 million of those because of a disability at a young age.

□ 2045

But when you look at here, and we have not even reached at that magic date yet in this first year, that more than 30 million now have coverage, it is an amazing success story.

And continuing that success story, pharmacists in this country are filling 3 million Medicare part D prescriptions a day. That is 3 million times a day that seniors are saving with prescription drug coverage. And many of these seniors were paying sticker price until they finally had the opportunity to save under this great addition to the Medicare program.

Seniors, as I said, are saving an average of $1,100 a month. And $1,100 a month is a great number and a great benefit in itself, and this is on average, but low-income seniors, of course, are paying now, under this program, $1 for a generic drug and up to $5 for brand name as a copay, and that is it. That is it. Let's say you are on 5 prescription drugs, and they are filled on a monthly basis, usually a 30-day supply. That is $5 a month, or $60 a year.

And I don't want you to just take Congressman Dr. GINGREY'S word for that, my colleagues. We have some stories, some anecdotes, to share with you, some actual patients that want to tell you more about that in these following charts. In fact, some of those very seniors are going to be up here on the Hill tomorrow for a press conference, and we will hear it directly from them. I look forward to that, and I hope many of my colleagues will have an opportunity to attend that press conference.

Well, the newspapers, sometimes we wonder if they give the facts as we know them. I want to share with you on this next slide some of the newspapers and what they are finally saying now that we are about 3 weeks away from May 15. And of course we all know that this bill was passed by this Congress, actually the 108th Congress, in November of 2003, and we have gone through the transition program with the Medicare prescription discount cards, where seniors were definitely saving money. Indeed, the low-income seniors got a $600 credit each of the 2 years. It wasn't quite 2 years, but for each of the 12-month increments they got a $600 credit, and then as we rolled into the actual insurance program January 1 of this year.

But listen to what the Washington Times is saying now. ''Even with the myriad prescription drug plans open to beneficiaries, seniors are not overburdened by choice, two recent surveys demonstrate. The surveys, sponsored by America's health insurance plans, show that of seniors who signed up for the Medicare drug benefit, the vast majority, 84 percent, had no difficulty, no difficulty, enrolling. And finding the right plan is worth the effort of shopping around, two-thirds said. For those who were automatically enrolled, 90 percent had little difficulty receiving their prescription drugs.''

The ones that were automatically enrolled, of course, were those seniors that we refer to as either dual-eligible, in other words, they are on Medicare and the State Medicaid because of their low-income situation, or their income is maybe not low enough to qualify for the Medicaid, but the State helps them pay their deductibles and copay under Medicare. All of those seniors, if they didn't sign up, they were automatically enrolled.

Now, listen to what The New York Times says, and this New York Times is not the bastion of conservatism, of course, as we know. ''Many seniors are clearly saving money on drug purchases. Complaints and call waiting times are diminishing, and many previously uninsured patients are clearly saving money on drug purchases.'' That was in an editorial in The New York Times on April 3, so just a couple or 3 weeks ago.

Well, I said at the outset, Madam Speaker, that I would be joined by some of my colleagues on the Republican health care public affairs team. We have a great group of Members who have expertise not only on this issue, but a lot of issues that we are taking the leadership on in regard to health care in this country, whether we are talking about leveling the playing field in regard to civil justice, so-called medical tort system; or whether we are talking about passing, as we have done so many times under this Republican leadership in this body, something that is referred to as association health plans, which allow small companies who really cannot afford to purchase health insurance for their employees when their numbers are small, 5, 10, 15 employees, to come together in a group and enjoy that benefit of purchasing a policy that is affordable to their employees, health savings accounts; or

our initiative on electronic medical recordkeeping and reduction of medical errors, Madam Speaker.

All of these things this Republican leadership is leading the way on, leading the charge on, and I am very proud to have some of my colleagues with me tonight. And especially am I proud to yield time to my colleague from the great State of Georgia, who just happens also to be a physician Member, and I am proud of that as well. And at this point I would like to turn over the mike to my good friend and colleague, Dr. Representative TOM PRICE.

Mr. PRICE of Georgia. Thank you so much, Congressman GINGREY. I appreciate the opportunity to join you today. I want to thank you for your leadership on this issue. You have been one of the stalwart champions of appropriate health care, health system reform, and come with such a wonderful background of information. You and I served in the State legislature in Georgia together, and now here, and it is just a privilege to join you tonight. I appreciate the opportunity to be with you.

I also want to thank the leadership for making certain that we bring this wonderful news, exciting news for America's seniors to the House of Representatives and to the Nation because it is a time of great opportunity for seniors all across our Nation. We are in a period of time right now, as you mentioned, that seniors are able to sign up voluntarily, voluntarily, and I think it is important that people remember that, it is a voluntary program, and participate in this new Medicare part D program.

As you mentioned, I am a physician as well. We used to practice together in the Atlanta metropolitan area. I am a third-generation physician. My father and grandfather were doctors as well. And the things that I was able to use to care for my patients were a whole lot different than those things that my father and grandfather were able to use, and that is because medicine is an evolving science. It is not set in stone. Things change, and things change virtually daily. But Medicare is a program that has not kept up with medicine. Medicare is a program that has not kept up with medicine.

When Medicare started 40 years ago, there were no drugs included in the program. In fact, drugs at that time, medications at that time really weren't used, well certainly weren't used as much as they are now, but weren't used to the percentage they were in terms of the numbers of patients who utilized medications, and things have changed a lot in those 40 years, as you well know, Madam Speaker.

Over the past 40 years, there have been wonderful opportunities for drug treatments to prevent and to cure diseases. Yet until now Medicare didn't include a single medication, not a single drug, in its plan. None. None. They would cover the expensive surgery it took to take care of a bleeding ulcer, but it wouldn't cover the drugs. It wouldn't cover the medications to prevent the ulcer in the first place. It would cover the surgery, the expensive surgery, and hospitalization to care for a patient that had a stroke, but it wouldn't cover the medications to control the blood pressure in the first place and prevent the stroke.

Now, that, Madam Speaker, certainly doesn't make any sense, and everybody appreciates that it didn't make any sense, and that is why this program was instituted. All that is changing now with the Medicare part D program, which, again, is voluntary, a voluntary program for seniors all across our Nation.

And I will tell you, Madam Speaker, that most seniors, most seniors, would be helped and assisted in their ability to purchase their medications by using this new program. Some say that it is confusing, that it is just too complicated. But when you talk to, as Congressman GINGREY mentioned, when you talk to those folks who have already signed up in these first few months of the program, they say that it really isn't that confusing. You just have to tackle it. And most of them, the vast majority, are remarkably satisfied.

I would encourage all of my colleagues, both sides of the aisle, Republicans and Democrats, to assist further in educating their constituents, educating their seniors about the program. I have held, as I know you have, Congressman GINGREY, a lot of seminars and meetings with seniors around our districts to help them understand about the program, what it means and what the specifics are, and assist them in being able to sign up for the program.

Those folks at CMS, the Center for Medicare and Medicaid Services, have been remarkably helpful as well in assisting seniors in my district, and I know yours and so many across this Nation, to be able to understand the nuances of the program. We need to remember, as we look at this program, that the Medicare program on December 31, 2005, had no medications available, and now it does, and now it does. And that is the important thing to remember for seniors.

Now, you mentioned the important date that is coming up: May 15. May 15 is the deadline to sign up for Medicare part D. It is a deadline that is necessitated because this is a new insurance. This is a new aspect of insurance. And unless individuals sign up by a particular time, then you can't reach the savings that you can get in this kind of program. So I want to commend all seniors to take a serious look at this.

Again, it is a voluntary program, but the vast majority of seniors will be aided by this. Unless seniors have had prescription medication covered through a previous employer, then it is likely that the seniors who could access this program would be benefited by it. I know that in my area all of the seniors that were on the Medigap plan to cover prescription medications, not a single one of those would be able to have access to a plan that is as helpful in terms of improving their health as this plan.

So this is a good program. It is a step in the right direction. It is not what all of us would have designed, I am certain, but it is a move in the right direction. And I want to commend my colleagues who will be here this evening to share information about this program with the House of Representatives and with our Nation and our Nation's seniors for their activity, and I want to thank you very much for the opportunity to join you tonight and commend you for your leadership on this, and I yield back to you.

Mr. GINGREY. Dr. Price, thank you so much for those comments. They are very accurate and very timely.

I know one thing that Representative PRICE mentioned about this deadline, and of course it is approaching. We are 3 weeks away. Of course, a 6-month window of opportunity that started November 15, and we have been doing town hall meetings, of course, since long before that and letting people know. I think there has been a tremendous amount of information both from the Committee on Medicare and Medicaid Services, CMS we call it, the Social Security department, and senior organizations in each community, in every county, in every State in this Nation have been making sure that this information gets out there.

But, still, as we get down to the wire, we have some seniors, unfortunately there may be as many as 8 million, that could still sign up for this benefit. And while some of them clearly will choose not to, because it is an optional plan, we don't want to miss the opportunity of those in that group who are a part of that low-income portion, Madam Speaker, because, as I have said many times from the well of this House floor, for them it is not only a no-brainer, it is a godsend.

So that is why we continue to have these Special Orders. That is why the leadership, our Speaker, our majority leader, our conference chairwoman Representative DEBORAH PRYCE, wants us to come down and spend this hour, and allows us to do this, and as Congressman PRICE was just saying, to talk to Members on both sides of the aisle, because this is not the time to politic over this. This is the time to get the policy right.

□ 2100

So that is really what we are about.

Again as I predicted at the outset, I would be joined by my colleagues on the health care public affairs team, not the least of which is my cochair. And I would like to call on him. I would like to say a word or two about Representative and Dr. TIM MURPHY from the great State of Pennsylvania. He is a clinical psychologist, a teacher and an

author of several books. He has taken a leadership role not only in the overall committee that we cochair, but also especially on the issue of electronic medical recordkeeping and reduction of medical errors and saving lives and saving money. That is something that both DR. MURPHY and former Speaker Newt Gingrich have written a book on. We can talk about that later as we get beyond May 15, but at this time I yield to Mr. MURPHY.

Mr. MURPHY. I appreciate the gentleman yielding me this time and your continued leadership in helping this Nation understand the importance of the Medicare prescription drug plan.

I wanted to echo with you the issues involved with this, which are so important not only to our constituents but actually to people across the Nation as they look at this and reflect back a couple of years ago when many folks were traveling to Canada, looking at trying to import some medications from around the world in an attempt to save money.

The net result of that, the overall savings that came from importing medications from Canada as opposed to price shopping in America, was not that dramatic. And compared to our generic medications, generics still saved a lot more money. But nonetheless, many folks were searching for ways to find less expensive medications.

Secondly, when people were involved in importing drugs from around the world, from Web sites or mail order, what they found many times were counterfeit medications. In one case they were supposed to be a prescription medication, but they were white pills that said the word ''aspirin.'' It is not hard to guess what those were.

In other situations they were completely counterfeited by using paint and other materials to try and make the pills mimic professionally manufactured medications. In other words, people were attempting to save money, and spent more after paying for counterfeit medications.

So along came the prescription drug plan, and people reported to me they did find savings. Some looked at their VA program and were happy with that. In Pennsylvania, we have what is called the PACE program, or the Prescription Assistance Contract for the Elderly. Many were happy with that, and that is fine.

Others said as they looked at their Medicare benefits, they found significant savings. One woman, as she was looking through that, told me she was saving hundreds of dollars. The point is it was voluntary. People compared different plans and found what saved money for them. The main thing is getting people on the medication that they need, rather than trying to seek some discount plan that really does not save them money.

Of course, there are other parts of this Medicare bill that we recognize. One is getting people their checkup with their doctor so someone can review their needs; and also having pharmacists review the medications people take to make sure that we are avoiding duplication and improper doses, which also add costs.

We have to remember one of the ways to reduce the cost of medicine is not just look at discounts and ways the government can help supplement payments, but also patients need to make sure that they are taking only the drugs they need. When people see multiple doctors and go to multiple pharmacists, that is one of the huge risks that occur for senior citizens where they end up with medical problems.

One study read, and I think the CDC sponsored this, it said in Medicare alone, taking the wrong doses for the wrong person has contributed to some $29 billion in costs that were avoidable. So it is important to have all medications coordinated under one plan rather than going to multiple doctors and multiple pharmacists.

But not only is it important for us to look at this program to provide medications that are affordable, but it is also important for us to note when people look at the cost of the prescription drug program for Medicare, what they consistently fail to take into account is what money it saves for health care overall.

I am going to read a couple of points about some medications, and I recognize, although I work in the field of psychology, some of these are areas of expertise for some of the other physicians here on the floor. Some comments I will make, and Dr. GINGREY has commented on this too, that taking the correct medication is a money-saving as well as a life-saving factor that unfortunately the Congressional Budget Office and others who have looked at the cost of the Medicare prescription drug never take into account.

Here is one point dealing with heart disease. Patients with heart failure who are treated with beta-blockers live longer, and treatment costs are about $4,000 lower than patients who do not take these medications. A January 2004 study by Duke researchers found that beta-blocker therapy improves clinical outcomes of heart failure patients and is cost saving to society and Medicare.

Looking more broadly, the researchers found that 5 years of treatment for heart failure without beta-blockers cost a total of $53,000. But with beta-blockers, treatment cost fell by $4,000, and patient survival increased by an average of 3½ months.

Here is a study on depression. New medicines have brought down the cost of treating depression in the 1990s by reducing the need for hospitalization. Medications like Prozac and Paxil are responsible for this. New studies show how newer, better medicines reduce the cost of treating patients with depression. The cost of treating a depressed person fell throughout the 1990s, largely because of a switch from hospitalization to medication and psychotherapy, one study said.

A study that was published in the Journal of Clinical Psychology in December 2003 found that per-patient spending on depression actually fell by nearly 20 percent over the course of the 1990s.

A study on diabetes indicated that medicines that control diabetes help prevent serious complications, reducing the cost of care by about $747 per patient every year. New diabetes medicines are helping patients avoid serious complications and death, and can reduce overall health care spending. One recent study found that effective treatment of diabetes with medicines and other therapy yields annual health care savings of $700 to $950 per patient within 1 to 2 years.

Another study corroborated these results, finding that the use of a disease management program to control diabetes, along with medication and patient education, generated savings of $747 per patient per year.

I might add that the University of Pittsburgh Medical Center found when they engage these disease management programs, they reduced hospitalizations by some 75 percent.

Let me mention Alzheimer's disease. One Alzheimer's medicine was found to reduce spending on skilled nursing facilities and hospital stays. A study of the effects on costs in a Medicare managed care plan showed that, although the prescription cost for the group receiving the drug were over $1,000 higher per patient, the overall medical costs fell to $8,000 compared with $11,947 for the group not receiving drug treatment. This one-third savings was as a result of reduced costs in other areas such as hospital and skilled nursing facilities.

So one of the things that is so important for citizens to take into account as they look at these programs is to please understand not only the cost savings the program has overall, but the more that patients get engaged in following the prescriptions, following the doctor's orders, not only for the medicines themselves but patient education, diet, other therapies that may be recommended, the overall cost of health care goes down. And that is one of the untold stories of how the prescription drug plan works. It saves lives and saves money.

Overall, if Congress continues to pay attention to the bigger picture of how using electronic medical records and electronic prescribing, patient management profiles, to use integrated care of looking at psychiatric care coordinated with medical care, to look at some of these many areas, we will continue to see, I believe, massive savings in health care, which is what we want to do. We want to coordinate all of these efforts in health care so it is not just a matter of saying health care is too expensive, so let us increase copays or deductibles or premiums or reduce coverage. None of those are viable alternatives. Nor is a method used to reduce payments to doctors or hospitals. That

is shifting the cost of care, that is not improving care. And this Medicare prescription drug plan which coordinates those benefits so much better for patients is a very important aspect that we encourage people to take a look at.

I commend Dr. GINGREY for his work on maintaining this important issue and bringing it before the American public to review and understand. I am sure you agree that the issue of the medication, when we only look at the cost up front and not look at the cost of what it saves, we are missing the point. That involves a lot of foresight by those who drafted this legislation to make sure there was coordination of medical treatment and that it was put into this bill.

Mr. GINGREY. I thank Dr. MURPHY, and really among the many important points that you made, there is one that I would like to elaborate on before turning to our next speaker, and that was this issue that Dr. MURPHY mentioned in regard to seniors buying their drugs from Canada, and in some instances not knowing if they were actually coming from Canada.

But I think all of our colleagues understand why they found the need to do that; and our colleague, well, three on our side of the aisle in particular, the gentleman from Minnesota (Mr. GUTKNECHT), the gentlewoman from Missouri (Mrs. EMERSON) and the gentleman from Indiana (Mr. BURTON), spent many hours in this Chamber during Special Orders, talking about the fact that seniors were having to pay so much more in this country for prescription drugs than they could get from north of our border. And in many instances, most instances, the exact same product safely packaged. And who could blame them because what has been happening, until we finally came forward and delivered on this promise after so many years of prior administrations and other leadership on the other side of the aisle and other Presidents, we finally delivered.

This is what has happened. Let me just give a quick summary of some of this before we turn to my good friend from Texas.

In Minnesota, while enrollment in the Medicare drug benefit rose by 9 percent last month, sales of low-cost Canadian drugs fell by 52 percent. Listen to what a State health official says in Minnesota. State officials say that it is impossible to say for sure why sales of Canadian mail order drugs fell to $39,000 this March, the least since that State's program's first month in February 2004. The State actually had a program to help seniors buy from Canada. There could be lots of reasons, they say, but the Medicare drug program probably is one of them. That was by a spokeswoman for the Department of Human Services in Minnesota which operates Rx Connects.

I just want to say to my colleagues that we are pushing so hard for what we refer to as reimportation, making that legal, and while certainly no one has ever been prosecuted for purchasing in that fashion, my feeling all along was when we passed this bill, as we did in November of 2003, Medicare modernization with a prescription drug benefit, the seniors are going to see those prices fall to the point that they will not have to literally take that chance on breaking the law, but, more importantly, risking the possibility that they will be getting some knockoff drug or something that is lower quality or not the right dosage. This is what has happened.

I think the gentleman from Minnesota (Mr. GUTKNECHT) and others may not completely agree with me and I understand that, but hopefully we will be able to take that argument off the table as this program matures, and I feel confident that is going to happen.

At this time, I call on the gentleman from Texas, who is not only my physician colleague and part of this health care team, but he is also an OB-GYN specialist, as I am. I do not think he has delivered quite as many babies as I have, but he constantly reminds me he is not as old as I am either.

At this time, I yield to Doctor and Congressman MIKE BURGESS from Dallas, Texas.

□ 2115

Mr. BURGESS. I thank the gentleman for yielding. And actually that is Ft. Worth, Texas. We are sensitive about that in Ft. Worth.

I wanted to spend just a minute this evening. We have heard a lot. The gentleman is quite right. His leadership on this, too, by the way, has just been exemplary. I am reminded tonight of how many nights we have spent here on the floor of this House talking about this very issue since 2003 when we both started.

But I wanted to take a moment. We have heard a lot about how complicated the program is, and that it is just too complicated, seniors just can't understand it, and make it simpler and then come back and try again. I need to address that.

Remember that if you picked up the Washington Post from a while ago, read the article where the new Medicare benefit is so complicated no one can understand it, no one's going to sign up for it, but I would remind the Speaker and the gentleman from Georgia that this was a Washington Post article from 1966 when Medicare first started. The program itself was complicated then. But guess what? We got a little bit better and a little bit better year over year, to the point where the Medicare system now is one of the more successful Federal programs.

But instead of talking about how complicated it is, let me take another tack. And I want to show you, Madam Speaker, just how easy, how easy it is to sign up for the Medicare program. You take your prescription drugs in one hand so you can read the labels and you can read the dosage and you can read the amount. I apologize, that is not a real Medicare card, but I don't own one yet. But this is a reproduction of a Medicare card. It is actually red, white and blue if you have a real one, and it will have your Medicare number on it.

Now, if you have got your prescriptions, and you have got your Medicare card with your name and your Medicare number on it, you have got all the information you need to sign up for this program. Then take the very simple step of calling 1–800–MEDICARE, talk to the nice people on the other end about your medicines, the dosage you take and the amount that you take, and they will help you work through this program.

Now, for those savvy enough to be on the Internet, there is an Internet plan finder tool that I have found is very, very user-friendly, very amenable to working through it. What I tell people to concentrate on when they look at this program is look at it from the standpoint of cost, coverage and convenience.

If you just print out the plans that are available in the State of Texas, there are 20 plans offering several different options, so there are 47 overall combinations of plans that are available. If you just looked at those in tabular form, it is pretty easy to pick out the cheapest, the next cheapest and the third cheapest. So very quickly you have done a survey that, based on cost, can tell you the least expensive plan.

Now, you also need to look at more than just the monthly premium. You need to look at the deductible. You do need to know about coverage, because that is critical. Make certain that the plan you select covers the medications that you are taking.

And then finally, convenience. Do you want to do mail order? Do you want to do one of the chain drug stores? Do you want to do the corner drug store, the mom-and-pop pharmacy down on the corner? Each of those is available to any senior signing up on this program, and all of that information on cost, coverage and convenience is readily available on the plan finder tool.

Finally, I want to tell the gentleman from Georgia, I am going to be fairly brief tonight, but the gentleman from Pennsylvania was talking a lot about the costs and the cost savings available with this program. He mentioned about the cost of treatment of heart disease and how that can be lowered with this program. I would submit that since the mid-1960s, according to figures from the National Institutes of Health, there has been a reduction in cardiac deaths in this country such that there were 800,000 less premature deaths from cardiac disease than would have been predicted back in 1965 or 1966 when Medicare was first stood up. The reason that that is important is those reductions in premature deaths are largely the result of pharmaceuticals, timely treatment of blood pressure problems, timely treatment of diabetes, the introduction

of the statins 10 or 15 years ago that has made such a significant difference in the prevention of heart disease.

Yes, we are going to save money with this program, but more importantly, we are going to be saving lives. And I think most Americans would agree that is the most important commodity.

Madam Speaker, with that I will yield back to my friend from Georgia and remain close at hand if he has any questions that he needs for me to fill in on.

Once again I would remind the Speaker that 1–800–MEDICARE is where you can get easy access to the information on how to enroll for this program.

Mr. GINGREY. I thank the gentleman from Ft. Worth. I guess I have run my Dallas-Ft. Worth together. But the gentleman has done a great job in working with us on this time, and I appreciate his comments tonight as well.

Madam Speaker, there has been a lot of discussion about extending the deadline to say, well, you know, we don't need to be penalizing seniors if they don't sign up in time, and that is something that hopefully we will have an opportunity tonight to talk a little bit about.

At this point I am going to call on my good friend and teammate on the Republican baseball team, hopefully again this year, and I am talking about the gentlewoman from Pennsylvania, who is also a member of the Ways and Means Committee. And I will tell you, my colleagues, you know, that is so important because the Health Subcommittee on Ways and Means is where these issues relating to Medicare are ironed out before they come to the general membership, to the floor. And the expertise in that committee level is so strong, and so it is wonderful to have Melissa Hart with us tonight. And I would like to turn the mike over to her at this time.

Ms. HART. I would like to thank my colleague, Dr. Gingrey from Georgia, and a very, very good baseball player, I must say, for allowing me to join all the doctors on the floor tonight. I have had a lot of experience with this issue, significant senior population in western Pennsylvania where I live, and represent a lot of folks who have benefited from this program. And I think you and your fellow physicians and a lot of our Members have worked very hard to make sure that people are aware of the program, they are aware of the offering. And so many people who had no coverage whatsoever for prescription drugs are now saving a significant amount of money. And even more importantly, a lot of folks who believed they couldn't really afford their drugs, and so they maybe weren't taking care of themselves the way they should, or they were cutting their pills in half and really not taking the dosages that they really should have been for their health, are now able to do so. They are able to afford the drugs that they need. They are able to take the dosages that they need. And we are going to see a lot more people be a lot healthier a lot longer, and I think that is extremely important.

I would like to make a couple of points, one obviously being what is shown behind me, that seniors are saving on an average of $1,100 a month with the Medicare prescription drug coverage. Low-income seniors who are not having to pay some of the deductibles, some of the other up-front costs, are saving even more, $3,700 a month. That is per month. And we are talking about seniors, so most of them are going to be on a fixed income. And it is certainly a challenge to pay this kind of money out of your pocket if you are working full time.

So the concern that a lot of us had, and the reason that the Members of the House of Representatives and the Senate decided to support a plan within Medicare to provide prescription drugs, was that we want people to be able to access the kind of health care that is delivered today. And our physicians certainly know very, very well, and I am really honored, as a lawyer especially, to be part of the group tonight, explaining to a lot of folks who may not be aware of the program yet or who may, unfortunately, have heard some of the negative comments out there from those who maybe for political reasons don't want this plan to succeed. And really I would like to call for a stop to some of the misleading and dishonest rhetoric that has been used. It seems as though it is designed to purposely scare seniors away from this prescription drug program that is available through Medicare, which is just the worst thing to do for their health.

By every measure this program is succeeding in its core mission of helping Medicare recipients save money on their prescription drugs. Participation in the program has now exceeded its goal of enrolling 30 million by the conclusion of the first year, and it is only April.

In addition, since the beginning of last month, seniors have been enrolling in the prescription drug plan at the average rate of about 416,000 seniors per week. So obviously the message is getting out. But we need to make sure that it gets out that the truth is that this program is helping seniors from coast to coast.

In my district alone, in western Pennsylvania, more than 90,000 seniors now have prescription drug coverage, and the Centers for Medicare and Medicaid Services project that that number will only increase by the end of this year.

The overwhelming reason why Medicare recipients are enrolling is simple. They receive real savings on the cost of their prescription drugs. The average senior, as I said earlier, who signs up for this plan is saving more than 1,100 on prescription drugs. In fact, the robust competition among the Medicare drug plans actually has begun to drive down the cost that we expected seniors would pay when we were initially discussing the legislation. As Dr. GINGREY knows, we were talking about how much the monthly cost would be for the plans, and we were worried that some people might not be able to afford the plan. So we did everything we could to drive down the monthly cost for the prescription drug coverage so that people would buy the coverage and then obviously save a lot of money on their prescriptions. It was originally estimated that we would be nearly $40 a month, and now the average premium is only about $25 a month. And, in fact, some, one that we found in our district, is only about $10.14 a month. And so seniors who have very little means certainly have an opportunity to get into this program even if they don't qualify for the no-cost monthly benefit.

Back home in Pennsylvania, beneficiaries, as I mentioned, have a wide range of choices. It is not just the amount that each of these plans cost, but it is the level of service as well; the broader-based formulary, if you have a lot more needs for different prescriptions. I saw Dr. BURGESS was holding three prescription drug bottles when he was talking. Some seniors may have one or two. Some may have four or five. And so it is important that they make sure, as Dr. BURGESS suggested, that the formulary, that is the list of the drugs that are covered by the plan, actually cover the prescriptions that they need to take to stay healthy.

A Medicare beneficiary in Pennsylvania who doesn't currently have coverage and uses three different prescriptions per month commonly prescribed for diabetes, for high cholesterol and for hypertension is an example of a person who can save a significant amount. On average this beneficiary can save $920, or 33 percent, by enrolling in a Medicare prescription drug plan. This beneficiary can save even more, as much as $1,900, or 68 percent, by using a mail order.

And all of the plans that are offered give each senior options. They can choose to be able to go to their local pharmacist, which is very important because many people would love to talk to their pharmacist every time they have a chance to. Some are very comfortable with their prescriptions or medications, and they don't need to do that. They would rather save money and can get mail order, and so they have the opportunity to save even more that way.

But every State offers different plans that have different benefits, and it is nice to know that whatever your needs are, there is going to be a plan to cover them.

While some outside this Chamber today have sought to discount this plan and say it is too complex for seniors, the savings that people are realizing is having a very serious positive effect on people across the country.

Madam Speaker, these statistics speak for themselves, and the individuals who choose to demagogue the new

program are not only trying to harm seniors, but they are also insulting the intelligence of seniors in the United States. With more than 30 million Americans who are now enrolled in the program, we should be doing everything we can to help seniors and increase the enrollment in the part D program, not scare them. And I really appreciate the fact that our health care professionals who are Members of Congress are here, because they have the credibility of being providers of health care and also now as legislators here in the Congress, who have helped us move forward with this legislation, helped us get through some of the bumps in the initial roll-out of the program to the point now where so many people are benefiting.

And I want to commend you, Dr. GINGREY, for being one of those steadfast individuals who not only represents your district in Georgia, but you are doing a world of good for seniors across the country to make sure that they know that this is a great plan for them, it is going to help them save money, and most importantly, more importantly than anything else, to help them stay healthy. And I want to thank you for allowing me to join you.

Mr. GINGREY. I thank the gentlewoman from Pennsylvania. And I want to comment, too, that I said at the outset that the work that she does on the Ways and Means Committee with Health Subcommittee Chairwoman NANCY JOHNSON from Connecticut and Chairman THOMAS and other members of that committee where all this great work is done.

One of the concerns, Madam Speaker, was that the pharmaceutical companies that had these prescription discount programs that they offered not only to needy seniors, but to people of low income at any age, low-income adults.

□ 2130

And a lot of concern had been expressed. In fact, the Inspector General had some concerns initially and let the pharmaceutical companies know that maybe they needed to look very carefully at these discount programs because of some antitrust violation or whatever. But the members of the Committee on Ways and Means continued to work through this and to make sure that the pharmaceutical companies understood that they could continue these programs and there would be no violation, there would be no penalties or anything of that nature. And I think this is great because, as Representative HART was just talking about in regard to that gap in coverage, that does not exist, of course, for our lowest-income seniors who qualify, as she said, for the low-income supplement. No matter how much money they would incur before this program for prescription drugs, they are only going to pay $1 a month for each prescription as a copay for generic. Maybe a little bit more if it is a brand name.

But most people in the program do face that gap in coverage where, after the first $2,250, then all of the payment is out of their own pocket until, Madam Speaker, the point when they have actually spent in any one year $3,600, and then after that the benefit is outstanding. In fact, 95 percent of any cost above that amount is paid for by the insurance program and only a 5 percent burden on the patient. So that is a tremendous benefit.

But in that gap in coverage, where all of a sudden if somebody reaches that, $2,250 is not the average amount that an individual senior would spend each year on drugs. It is considerably lower than that. It may be closer to $1,400, and they would never get to that point. But some do, and now we know, because of the good work of the Ways and Means Committee, of which Representative HART is a member, we have worked this out so that the pharmaceutical companies can continue to offer those discount programs and to provide at a very low cost these prescription drugs for those seniors who are getting to that point where it is really going to be difficult for them to stay on their medications. And I commend her for that and I think that was something that was very important.

The pharmaceutical industry, the companies, have been attacked so much by the other side of the aisle, and we have heard that over and over and over again, that this is nothing but a giveaway to the pharmaceutical industry, and they wrote the bill and the Republicans passed it in the dark of night. We have all heard that to a farethee-well. Hopefully, our colleagues will now get on board with us and realize that this is a good bill that is saving money, as MELISSA HART indicated. It is not averaging $40 a month; it is averaging $25 a month, or, in some cases, even less. And there are options, of course, the first option being you do not have to sign up for it if you do not want to or if you have something better. But it has been a godsend for so many.

And I thank you so much for being with us tonight, Representative HART.

Ms. HART. It has been a pleasure. I thank you.

Mr. GINGREY. And as I said, premiums, Madam Speaker, a third lower than expected. Even the cost, the overall cost, we got some conflicting numbers back towards the end of 2003 when we were debating and finally passing this bill. The first number, of course, was it was going to cost $450 billion over 10 years extra Medicare spending. Then the number went up to $750 billion. We now know that the cost is going to be lower than those numbers, and probably a lot lower because as we crunch these numbers, the Congressional Budget Office or the Office of Management and Budget, they do what we call static scoring. And as my colleagues earlier were talking about, and I think Dr. BURGESS in particular, Madam Speaker, no credit is given for the fact that when our seniors, my mom and others, can afford to take these prescription drugs and lower that blood pressure, lower that cholesterol, lower that blood sugar, then they are not going to need the expensive benefits of Part A and Part B, whether it is a long stay in the hospital or in the intensive care unit, even more expensive; or on the operating table, having a leg amputated; coronaries; bypass; or maybe even in a worse situation of high blood pressure, having a stroke and spending the rest of their lives in a nursing home covered by Medicare or maybe Medicaid. Who wants that if they can avoid it by spending less money on Part D and preventing this from happening in the first place?

So we shift costs, and we do not get any credit for that in this so-called static scoring that goes on around here, but we should be getting a lot of credit for it.

And I know that my colleagues on both sides of the aisle understand this. But despite it, there are Democrats in this Congress and liberal groups like Families USA and MoveOn.org who are continuing to play politics with our seniors' health, holding town hall meetings to encourage seniors not to enroll. Not to enroll. I thought they would get over the fact that somebody licked the red off their candy or they lost their marbles in a playground game and all of a sudden wanted to pick up and go home.

I remember 1 year ago or 1½ years ago seeing Members, particularly on the other side of the aisle, coming down and literally making a big show out of tearing up their AARP card because this wonderful senior organization of 35 million, of which I am a proud member, had the audacity, audacity, to endorse something that the Republicans, Madam Speaker, had put forward for our seniors. And I guess the frustration of the other side when they had control of this place for 40 years and never could deliver on this promise, I guess it does grate at you a little bit. But I want them to get over it, I really do, and get on board, because we need to let seniors know, more than a few who have not yet signed up, that let us get this done in the next 3 weeks. And there is a deadline, and, yes, there is a penalty if you do not sign up by the deadline.

All we hear by the other side is to extend the deadline. You just need to give them 6 more months or 6 more years. I do not know what they want. But I know this: This Member has a bad habit of procrastinating, and if I did not have a deadline, if there was not a final deadline of getting your income tax return in every year, I would not do it. And that is just human nature. We have to realize that there is a time certain, and if you sign up late and expect to come into the program and pay the same premium, it is not fair, particularly if during that interim

you went from being on no medications and would cost the program very little, and all of a sudden when you have that angina, as we call it, chest pain, and you realize you are now on five medications and you want to hurry up and sign up for the program, that is not fair to the others because, after all, this is an insurance program and it is pooled and that is the way we keep costs down. So I think it absolutely makes sense to get everybody signed up by the deadline, which is fast approaching.

Madam Speaker, it has, as always, been a pleasure to have the opportunity to be given by our leadership, by Speaker HASTERT and Mr. Leader BOEHNER and our conference chairman, DEBORAH PRYCE, to spend this hour with my colleagues talking about something that is so important. And if we can ever in this body, and I know we can, put policy ahead of politics and realize that we can work together in a bipartisan way when we have got something that clearly is a tremendous benefit to our seniors, let us all pull together.

When we go home tomorrow, if we have got some time on Friday, or Monday before we come back to Washington, let us all have town hall meetings and workshops and computers and pharmacists there and vendors and maybe some health screening kiosk as well, and help our seniors take advantage of this great benefit.

30-SOMETHING WORKING GROUP

The SPEAKER pro tempore (Ms. FOXX). Under the Speaker's announced policy of January 4, 2005, the gentleman from Florida (Mr. MEEK) is recognized for 60 minutes.

Mr. MEEK of Florida. Madam Speaker, it is an honor to come to the floor once again. As you know, night after night, and even earlier tonight, Madam Speaker, during the first hour, we had members of the 30-something Working Group on the floor talking about plans that we have on the minority side here in the House of Representatives and assisting not only Americans, but also those that are in the industry of providing energy to this country, who are also Americans and some of them are foreign companies, to be able to provide cleaner burning fuel and also alternatives that Americans will be able to hopefully enjoy for years to come. Energy independence is something that we have embraced for a very long time.

And the debate this week has been about energy, the debate this week has been about ethics, the debate this week has been about a budget vote that we are all waiting to take. But it seems that on the majority side, Mr. Speaker, that the votes are just not there to pass the budget, the Republican-led budget, which I must say that a number of Members on both sides of the aisle have issues with, apparently.

In the 30-something Working Group, we want to thank Leader PELOSI for allowing us to have this hour once again, the second hour of tonight on the Democratic side, and also Mr. Steny Hoyer and Mr. James Clyburn, who is our chairman, and Mr. LARSON, who is our vice chairman, and all of the members that go to committee meetings and fight on behalf of the American people.

Madam Speaker, I believe that we are all on one team until it comes down to what the special interests want and what the American people want. I think that is where the divide comes in. As we start looking at what is happening and the conference calls that I have had and the constituent meetings that I had when I was back in my district during our work break, of just outrage about what is happening in this country as it relates to gas prices, I think that it is very important that we pay more attention than what we have paid to energy and alternative fuels here in this Congress.

One may say, well, we have already passed an energy bill; where were you? Well, there was an energy bill, yes. It was an energy bill that was passed, but for whom? For the special interests, or for the American people?

I can tell you, Mr. Speaker, that the evidence is overwhelming, the fact that right after Hurricane Katrina, and even before, Democratic amendments were voted down here to do exactly what some Members on the majority side, the Republican side, have said that we need to do now, making sure that we put forth penalties to companies that price-gouge the American people. And I am talking about serious penalties, criminal penalties and fines up to $3 million.

We have ExxonMobil executives and oil executives making $150,000 a day in a pension; a day, not a year, not a week, not a month; in a pension with record profits and investors in these corporations that are making money hand over fist, and we have constituents in our districts and Americans throughout this country who cannot even afford to put a quarter of a tank in their car because it is outside of their budget. They cannot afford to take their kids to school. Even when they have a carpool, they cannot afford that.

In rural America there are stories throughout the papers today that are saying, yes, we carpool, but when you are in rural America and you have to drive to the nearest school, that is now a $30- or $40-a-day proposition.

So we look at alternative fuels and we look at penalties that will not allow these oil companies to be able to get away with what they are getting away with.

□ 2145

Mr. Speaker, I think it is also important for us to understand that the President comes out and he says, well, things are going to be the way they are, and prices are going to be high, and it is what it is, but what we are going to do is relax environmental standards to bring the price of gasoline down.

It is almost like a firefighter saying, I know the house is on fire, and it is hard for me even to come up with a metaphor, Mr. Speaker, to describe what the President has done and what the Congress has allowed him to do. The house is on fire. We are going to put a little water here, but not totally put it out, even though we could have prevented that by putting smoke alarms in and other things in to bring attention to all of us as it relates to making sure we keep the house from burning.

I think it is also important for us to pay attention to the fact that the 30-something Working Group and also on the Democratic side, we have put forth proposals in the past that could have avoided this spike in prices right now. There was a press conference today, and a reporter asked me, well, Congressman, are you representing to us that the Democrats, that you all have a plan that will take gas prices down right now, right now, like tomorrow?

No. But if amendments were adopted that were offered here on this floor that Republicans voted down to provide criminal penalties for executives and price gouging, $3 million fines for individuals that knowingly price-gouged Americans to make sure they can have a return for those individuals that are investors, the Federal prosecutor would be in the middle of this.

The situation we are in now is that these oil companies are saying, well, what is the penalty, and who is going to enforce it? The Federal Trade Commission is saying, well, you know, we are not sure if we have jurisdiction.

Now we have the leaders on the Republican side in the House and Senate saying, well, Mr. President, writing him a letter, maybe you want to have these folks look into it, and maybe we need to take back the tax cuts we just gave the oil companies, over the objection of many of us here in this House.

Then you have some Members say that, well, we did it because they needed money more for more exploration. Well, some of that may be true, but when you have oil companies that are beating some countries in revenue and beating all companies on the face of the Earth in profits, and still saying, well, I know you have all this money, and it is heavy, and you can't carry it around, but can I give you some of the taxpayers' money? Maybe, just maybe, you will go out and find oil or go out and drill in some environmentally sensitive place to be able to push up profits.

What it is going to be very disappointing this time, Mr. Speaker and Members, is the fact that we know that when companies present their quarterly reports, it will be another record-breaking quarter for oil companies.

Now, don't get me wrong. Profits are good. It is not a bad word. But I do take issue with the fact that if individuals are making profits, and it is on